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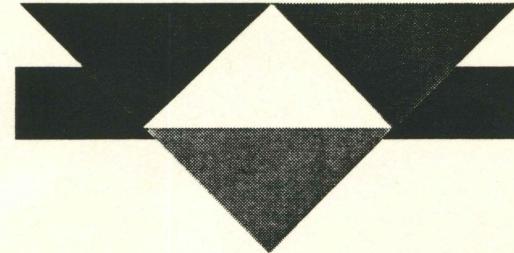
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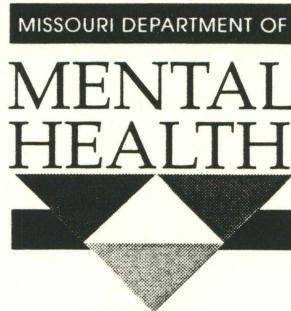
Department of Mental Health

“Lives Beyond Limitations”

MISSOURI DEPARTMENT OF

MENTAL
HEALTH





The Department of Mental health logo features four triangles connected to form one triangle. The middle triangle represents the almost 100,000 Missourians served each year by the department. These individuals receive services from the Division of Alcohol and Drug Abuse, which is represented by the Red triangle; the Division of Comprehensive Psychiatric Services, Blue triangle; and the Division of Mental Retardation and Developmental Disabilities, Yellow triangle. The Department of Mental Health is dedicated to providing Missourians affected by mental illness, substance abuse, compulsive gambling, and developmental disabilities the services they need to live successfully and pursue their dreams.

July 1996



Vision

Lives Beyond Limitations

Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.

Values

Full Community Membership

All people are accepted and included in the educational, employment, housing, and social opportunities and choices of their communities.

Access

All people can easily access coordinated and affordable services of their choice in their own communities.

Individualized Services and Supports

All people design their own services and supports to enhance their lives and achieve their personal visions.

Cultural Diversity

All people are valued for and receive services that reflect and respect their race, culture, and ethnicity.

Dignity, Self-worth, and Individual Rights

All people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.

Prevention and Early Intervention

All people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.

Excellence

All people determine the excellence of their services and supports based on the outcomes they experience.

Valued Workers

All people who provide services and supports are our organizations' most important resources.

Competence

All people receive services delivered by staff who are competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.



MISSION STATEMENT

Working side by side with individuals, families, agencies and diverse communities, the Department of Mental Health establishes philosophy, policies, standards and quality outcomes for prevention, education, habilitation, rehabilitation and treatment for Missourians challenged by mental illness, substance abuse/ addiction and developmental disabilities.

MISSOURI DEPARTMENT OF MENTAL HEALTH

At a Glance

More than 100,000 Missourians are served by the Missouri Department of Mental Health through programs that recognize the dignity of the individual, their families, and their communities.

- The Division of Comprehensive Psychiatric Services (CPS) helps people who suffer from mental illness.
- The Division of Mental Retardation and Developmental Disabilities (MRDD) helps people who have long-term delays or disabilities in physical or mental development.
- The Division of Alcohol and Drug Abuse (ADA) helps people with substance abuse and compulsive gambling problems.

The department is dedicated to combating stigma associated with mental illness, developmental disabilities, and substance addiction.

Missourians must know that:

Mental illness is a treatable disease;

Persons with substance-abuse or compulsive gambling problems can triumph over their addictions;

Persons with developmental disabilities can be productive employees and good neighbors in our communities.

The Operating Divisions

The Division of Comprehensive Psychiatric Services

One in four families in Missouri is affected by mental illness. While many persons with mental illnesses seek and obtain treatment from private health-care providers, more than 50,000 people each year turn to the Department of Mental Health's Division of Comprehensive Psychiatric Services.

- ▼ Schizophrenia and depression are two of the most common forms of mental illness.
- ▼ The causes of mental illness may be physical changes in the brain, genetic factors present since birth, or outside factors.
- ▼ Most mental illnesses can be treated successfully and the persons returned to productive lives.
- ▼ In recent years, the focus of services has shifted from large institutions to community-based programs.

The goals of the division include:

Accessible community-based services, Quality residential services, Available and affordable housing, Family-focused children's services.
▼ The division operates 16 facilities and supports more than 400 community mental health programs.

The Division of Mental Retardation and Developmental Disabilities

Adevelopmental disability is a long-term condition, occurring before age 22, that delays/limits mental or physical development and interferes with basic life activities.

- ▼ An estimated 22,000 Missourians with such developmental disabilities as mental retardation, cerebral palsy, and autism receive services from the division each year.
- ▼ Many of these individuals, because of their disabilities, face barriers to the basic opportunities of education, employment, and community life.
- ▼ The Division of MRDD is committed to helping people with developmental disabilities live as independently and productively as possible in a safe and healthy environment.

Services can include:

Therapy - occupational, physical, speech and behavioral therapy;

Family Support - respite care, counseling, home support services, parent training, and early intervention for infants and toddlers.

Training - programs are designed to help each individual reach their potential.

Residential Services - services may include specialized housing.

- ▼ Eleven regional centers serve as entry points into the MRDD system.

- ▼ Six habilitation centers provide specialized residential services.

The Division of Alcohol and Drug Abuse

Alcohol and other drug abuse affects more than 259,000 Missourians directly as substance abusers, and another 800,000 who are members of the substance abusers' families.

- ▼ Alcohol and nicotine are the most commonly abused substances.
- ▼ Other abused substances include prescription and over-the-counter medicines as well as illicit drugs, such as cocaine and marijuana.

Treatment services include:

Detoxification

Residential rehabilitation

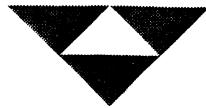
Outpatient rehabilitation

Compulsive gambling treatment

CSTAR - Comprehensive Substance Treatment and Rehabilitation Programs offer a flexible combination of clinical services and living arrangements that are individually tailored for each client.

Prevention Programs include:

Community 2000 - More than 130 Missouri communities are working to combat drug abuse on the local level through programs that focus Missouri's alcohol and drug abuse prevention resources.



Missouri Mental Health Commission

Betty Cooper Hearnes, Chair
Charleston

David L. Olms, M.D., Secretary
St. Louis

Jean Barrett
Independence

Everlyn L. Williams
Kansas City

James M. Caccamo
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Organization Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

MENTAL HEALTH COMMISSION

The commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director.

The commission, by law, must include individuals who represent specific client groups or interests. The current commissioners and their areas of representation are:

Everlyn Williams - advocate/community mental health services.

David Ohlms, M.D. - physician/interest in mental illness

Betty Hearnes - general business management

Jean Barrett - advocate/mental retardation and developmental disabilities

James M. Caccamo - expertise in area of children's issues

Vacant - physician/interest in developmental disabilities

Vacant - advocate/substance abuse treatment

The Department of Mental Health is organizationally comprised of three program divisions which serve approximately 100,000 Missourians annually. They are:

<u>DIVISION</u>	<u>STAFF</u> (<i>Full Time Equivalent FTE</i>)	<u>BUDGET</u> (<i>All Sources</i>)
Alcohol and Drug Abuse (ADA)	147.67	\$68,089,210
Comprehensive Psychiatric Services (CPS)	5,168.23	\$305,072,955
Mental Retardation/ Developmental Disabilities (MRDD)	4,855.41	\$221,242,892

Organization Overview *continued*

Six support units assist the department and division directors in implementing DMH's programs and services. They are:

1. Administration (Budget, finance and general services)
2. Departmental Affairs (licensing, audit, Medicaid, investigation unit, etc.)
3. Human Resources
4. Information Systems
5. Legislative Affairs
6. Public Affairs

DMH makes services available through state-operated facilities and contracts with private not-for-profit agencies. The state-operated facilities include seven adult inpatient facilities, six community mental health centers, and three children's psychiatric facilities. In addition, six habilitation centers and 11 regional centers serve individuals with developmental disabilities. More than \$230 million in services are purchased from a variety of privately operated programs statewide through 3,000 contracts managed annually by DMH. The Division of Alcohol and Drug Abuse purchases all the services, providing no direct services itself.

Caring Communities - The DMH also participates with other state agencies in the Caring Communities concept system. Caring Communities is a school-based, family- and neighborhood-focused integrated service delivery system. The goals of Caring Communities are to insure the following for the children: (1) achieve sustained success in school, while increasing their levels of success; (2) remain safely in their homes with their families, therefore reducing the need for out-of-home placement; and (3) remain out of the juvenile justice system.

Missouri's mission is for children to have strong families and live in strong communities. The expected core results are:

- Parents working
- Children and families that are healthy
- Children safe in their families, and families safe in their communities
- Children prepared to enter school
- Children and youth succeeding in school
- Youth ready to enter productive adulthood

Originally two pilot sites – one urban and one rural – were chosen. They are Walbridge Elementary School in North St. Louis and the school districts in Knox and Schuyler counties in northeast Missouri.

The Walbridge Caring Communities team initiates action on a referral basis, applying a multidisciplinary approach, which is individualized to meet each student's and family's needs. There are many success stories, and evaluations have shown that the integrated approach has had an impact on academic achievement. In addition, the Walbridge Caring Communities team has so significantly impacted the neighborhood that six adjoining communities have become Caring Communities sites. In FY '95, 6,449 persons received services through the St. Louis program.

In Knox and Schuyler counties, the rural setting has presented its own set of challenges. However, Northeast Caring Communities has integrated many unique approaches to stimulate community involvement and to maximize scarce resources. Located in an area hard hit by the farm recession, Northeast Caring Communities targeted abuse and neglect, substance abuse, and health care issues. School health programs, day care, intergenerational mentoring, and counseling services are elements of this successful project. During FY '95, 2,904 persons received services through the Northeast Caring Communities Program.

With grants provided by the state departments of Elementary and Secondary Education and Social Services, six Caring Communities projects have been added to the two original pilot sites. The Department of Mental Health FY' 97 budget for the Caring Communities is \$5,886,441.

If this year in Missouri is like last year:

- ▼ More than 43,000 Missourians will be affected by schizophrenia, manic-depression, clinical depression, or another of the major mental illnesses. Approximately 40 percent of them will require publicly supported mental health services from some agency for an extended period of time.
- ▼ Five percent, or about 66,000, Missouri children will suffer from severe emotional difficulties that will threaten their ability to function at home and in school. Approximately 14,600 of them will require publicly supported mental health services from some agency.
- ▼ Estimates of the number of homeless persons in Missouri range from 25,000 to as high as 40,000 annually. The majority are found in the state's two major metropolitan areas, with estimates of 10,000 to 12,000 in the St. Louis area and 7,000 to 12,000 in the Kansas City area. Approximately 8,000 homeless individuals will have a serious mental illness, 8,000 will have chemical dependency problems, of whom 6,000 will have a psychiatric disorder sometime in life.
- ▼ More than 700 Missourians will commit suicide. About 50 will be under the age of 20 while more than 200 will be over the age of 55.
- ▼ About 470 Missouri infants will be born with alcohol and other drugs in their bloodstreams. Approximately 87 percent of these infants will suffer significant drug effects at birth and beyond.
- ▼ About 10 percent of Missouri's citizens will consume 50 percent of all alcoholic beverages sold in Missouri this year.
- ▼ Approximately 260,000 of its' citizens will need alcohol or drug abuse treatment because their substance abuse seriously affects their family, work, community responsibilities, and eventually their health.
- ▼ Nearly 320,000 Missouri children will live in homes where at least one parent needs substance abuse treatment.
- ▼ 2,500 children will be removed from their homes because of parents with alcohol and drug abuse problems.
- ▼ Alcohol, tobacco, and other drug abuse in Missouri will cost \$4.9 billion in lost work, health care, and other expenditures related to injury and illness caused by alcohol and other drug abuse.
- ▼ Between one and two percent of Missouri's 75,000 new babies will be born with a developmental disability, adding to the approximately 90,000 citizens currently living with developmental disabilities in Missouri. The disabilities of 50 percent of these babies could have been prevented with proper screening, prenatal care, abstinence of the pregnant mother from the use of alcohol and other drugs during pregnancy, diet and medication.
- ▼ Approximately 4,100 more Missourians will apply to the Division of Mental Retardation and Developmental Disabilities for services. More than 70 percent of them will be determined eligible.
- ▼ With the legalization of riverboat gambling, calls to the gamblers hotline will number about 325 per month, with about 75 of these calls asking for help.

If this year in Missouri is like last year, continued

The Department of Mental Health will serve approximately 100,000 of the above Missourians and their families. They will come to us either because they have very limited incomes and must rely on the state for services or because the services they need cannot be found elsewhere.

The potential for these citizens to receive good services to prevent or reduce the effects of their mental health problems is greater now in Missouri than ever before. Medical and rehabilitation technology have greatly increased the array of treatment options.

For example, persons with the most disabling effects of schizophrenia may now be treated with new drugs like Clozaril or Risperidone, which allow those persons to function much more normally than ever before. People with alcohol, drug abuse, and compulsive gambling problems may now receive intensive outpatient services in their communities instead of waiting for one of a limited number of residential treatment slots, and many young mothers can now keep their children with them during the treatment process. A young child born with a developmental disability would once have been institutionalized. That child may now receive medication and diet supplements which will dramatically reduce the disability and allow the child to live at home and attend school.

Individuals and their families today are actively advocating for needed services and are influencing the service delivery system. In addition, counties and communities are playing a much stronger role in designing, funding, and even delivering services in partnership with the state and federal governments.

Division of Alcohol and Drug Abuse (ADA)

OVERVIEW

Alcohol, drug abuse, and compulsive gambling affect more than one million Missourians.

The division's mission includes responsibility to fund and provide technical assistance to statewide and community efforts to plan and implement accessible programs to prevent and alleviate problems related to alcohol, drug abuse, and compulsive gambling.

Treatment services funded by the Division of Alcohol and Drug Abuse are targeted to individuals based on the severity of their problems and their ability to pay. To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his/her family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

Services are also available through privately approved treatment programs whose funding comes largely from health insurance benefits. The State Advisory Council for ADA and six regional advisory councils make recommendations regarding the types of services needed throughout Missouri. Members of the councils are chosen from consumers of services, substance abuse treatment professionals, and others with an interest in substance abuse treatment and prevention.

The current year operating budget (FY '97) for the Division of Alcohol and Drug Abuse is \$68,089,210.

PREVENTION

The current year appropriation (FY '97) for prevention and education services is \$5,495,644.

Community 2000—Community 2000 is a comprehensive, community-based program which focuses Missouri's alcohol and drug abuse prevention resources on 134 communities that have organized to address the drug abuse problem.

Society's tolerance of drug use as a social norm is unacceptable. Changing this attitude of tolerance must be the first priority. Improvements in the coordination and management of government efforts to reduce alcohol and drug abuse are not possible without community support and involvement.

The Community 2000 initiative is designed to blend the resources of federal, state, and local governments with those of local community groups, schools, and families to focus efforts on local community needs. This initiative is administered locally through regional support centers. Services are focused on community development and coordination of local resources, and less on direct services to schools and organizations. Grants in aid will be made to municipalities participating in the Community 2000 Program.

Strategies used by Community 2000 blend the efforts of prevention, intervention, treatment and aftercare services; devise methods for identifying and prioritizing areas of the state most in need of the scarce resources available; and require communities to develop individual comprehensive plans and demonstrate community-wide cooperation as a condition for receiving assistance.

**TREATMENT
& SERVICES**

The Community 2000 Program initiates community task forces to develop action plans to address alcohol and other drug issues in the community; insists that young people receive clearly defined and consistent "no use" messages concerning alcohol and other drugs; develops, provides, and supports healthy alternatives to alcohol and other drug use; and cooperates with school officials, parents, law enforcement officers, and young people to create healthy environments.

The Division of Alcohol and Drug Abuse provides services through a network of contractors who operate treatment facilities. The Division monitors these providers and their treatment staffs, who must meet state certification standards.

Detoxification—In the first step to recovery, detoxification, the individual is assisted in withdrawing from alcohol or drug addiction in a safe, supportive environment.

Outpatient Rehabilitation—Persons whose substance abuse is less severe or chronic do not require a residential setting for treatment. Outpatient rehabilitation also is designed for persons who have graduated from residential programs and need follow-up and after-care services, counseling, and referral to support groups.

Comprehensive Substance Treatment & Rehabilitation(CSTAR)—The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance abuse treatment. It expands outcome expectations by offering a flexible combination of clinical services and living arrangements which are individually tailored for each client. The CSTAR model was developed by Missouri's Division of Alcohol and Drug Abuse and is funded by Missouri's Medicaid program and the Division's purchase-of-service system.

CSTAR consists of assessment and treatment planning; community support to provide continuity of treatment, monitoring of progress and access to needed community services and resources; counseling; specialized target population services for adolescents and women and their children; day treatment services; and living arrangement options which are permanent, substance-free, and conducive to treatment and recovery.

In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on serving people where they live by providing appropriate treatment services in a normalized, safe (substance-free) home. The program provides drug rehabilitation services, special skill-building and education programs, a protective setting for clients, and case management to help meet medical and social needs.

The Division of Alcohol and Drug Abuse purchases non-Medicaid-eligible CSTAR treatment services through the purchase of service contract system from community-based vendors. In addition, the Division provides match funding for Medicaid-eligible CSTAR treatment services from the Purchase of Service(POS) community-based agencies, as well as other agencies with POS contracts, primarily hospitals and community mental health centers.

The current year appropriation (FY '97) for CSTAR is \$32,397,761. There are approximately 41 CSTAR programs, 7,320 Medicaid-eligible clients and 6,235 non-Medicaid-eligible clients.

Women's Treatment Programs—The Division provides specialized women's treatment programs to provide detoxification, residential, outpatient rehabilitation, and CSTAR services tailored to the special needs of women and their families, including pregnant women. Fifteen programs are contracted by the Division to provide specialized services to women. They are located in St. Louis, St. Charles, Columbia, Kennett, Caruthersville, Hannibal, Kansas City, Springfield, and Joplin with total contracts of \$10,870,832.

Adolescent Treatment Programs—The Division's adolescent treatment programs serve youths who have moderate to severe substance abuse problems. The services include programs for the families of these young people. There are eight programs contracted by the Division to provide specialized services to adolescents. They are located in Clinton, Springfield, Hillsboro, Kansas City, Braggadocio, St. Joseph, Kirksville, Joplin, Cape Girardeau, and Independence with total contracts of \$4,672,873.

Residential Rehabilitation—In a residential treatment program, a person receives around the clock care, seven days a week. Rehabilitation includes assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures designed to help a person live an alcohol and drug-free life.

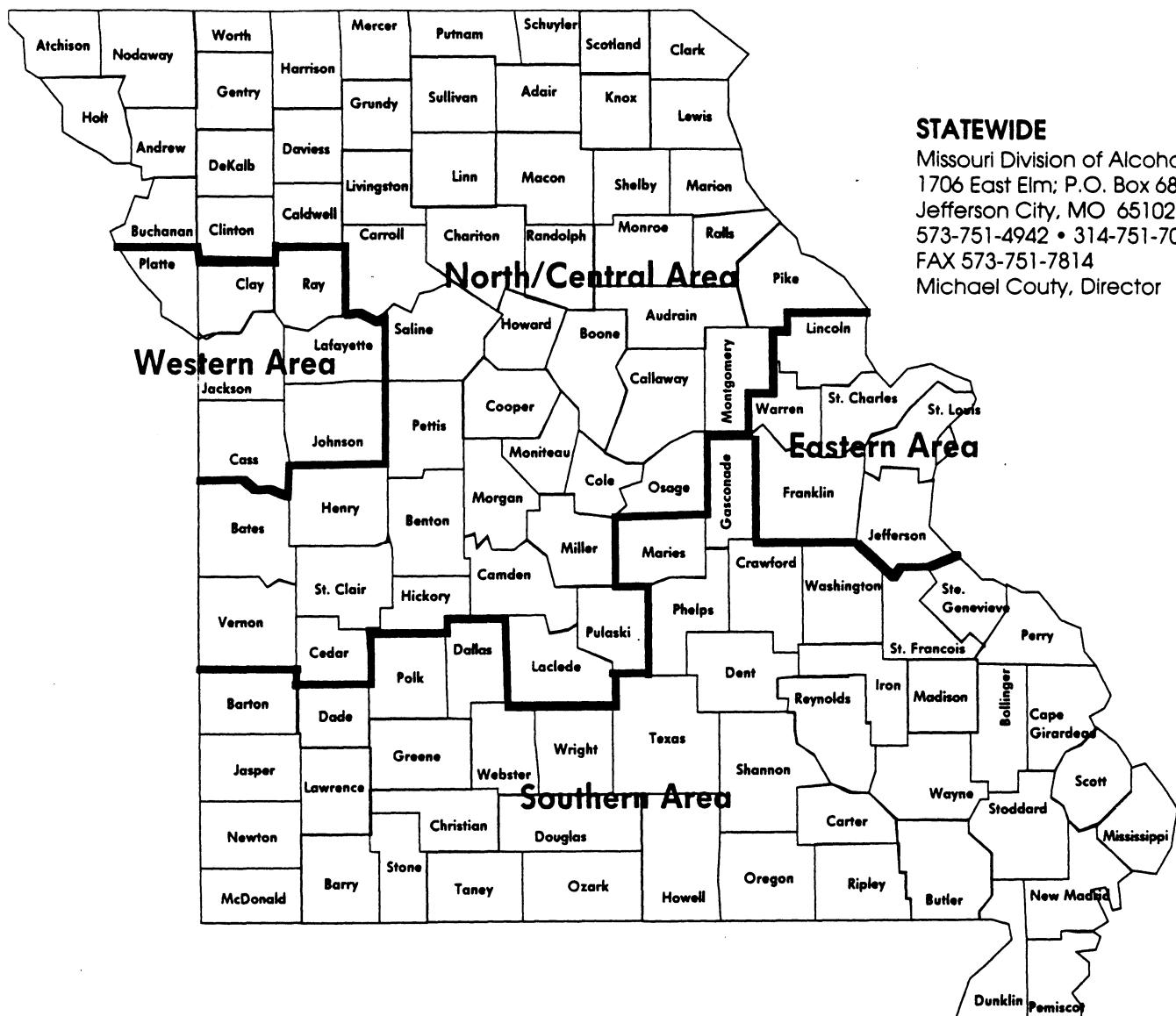
Substance Abuse Traffic Offenders Program (SATOP)—This program provides a range of educational and rehabilitative services for persons who have had their licenses administratively suspended or revoked for drunk driving offenses.

Alcohol and Drug Education Program (ADEP)—Under Missouri's "Abuse and Lose" law, minors arrested for alcohol or other illegal substance offenses are required by the courts to attend ADEP, a 10-hour, Division-certified education and assessment program designed to deal with the causes and consequences of substance abuse.

Oxford Houses—Oxford Houses are a network of self-run, self-supported recovery houses. Residents share expenses and provide mutual support in a substance-free environment.

Oxford Houses are operational in 16 Missouri communities. Each serves one of the following populations: men, women, and women with children. Oxford House residents must have at least 30 days of sobriety and be financially able to pay their share of house upkeep. The federal AntiDrug Abuse Act of 1988 stipulated that each state must create a \$100,000 revolving fund which allows startup loans to groups trying to establish residential facilities for recovering persons. Missouri's revolving fund is managed by the Division of Alcohol and Drug Abuse.

Compulsive Gambling—The division provides outpatient treatment services to compulsive gamblers and their families in areas where riverboat casinos are located. Funding comes from casino admission fees. The division also certifies counselors.



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Division of Comprehensive Psychiatric Services (CPS)

OVERVIEW

The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment and rehabilitation services for individuals and families requiring public mental health services. The Division exercises this responsibility by providing services directly through its state-operated facilities and programs and contracting through 25 administrative agents to provide an array of community programs. It is the Division's goal to give priority to people with serious mental illness (SMI), individuals in acute crisis, individuals who are homeless and mentally ill, those committed for treatment by the court system, and children with severe emotional disturbances (SED).

CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization as well as evaluation and treatment of persons committed by court order. Eligibility for these services is determined through regional administrative agents designated by the Division.

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

The current year (FY '97 operating) budget for the Division is \$305,072,955.

CPS STATE FACILITIES

The Division of Comprehensive Psychiatric Services directly operates three long-term and three acute care facilities. One additional facility has both a long-term and an acute program. In addition, the Division operates two children's psychiatric hospitals, one children's residential center and six community mental health centers.

Adult Inpatient Facilities—Intermediate and long-term inpatient care are provided on a regional basis by three state psychiatric hospitals located in St. Louis, St. Joseph, and Fulton and one mental health center located in Farmington. These facilities have a combined (FY '97) budget of \$79,992,942.

Services include general psychiatric care; specialized programs in forensic, inpatient evaluation, and treatment for adults diagnosed with drug and/or alcohol dependence; and brain trauma services. There are approximately 1,142 beds at these four facilities.

In addition, there are three mental health centers located in St. Louis, Kansas City, and Columbia that provide acute psychiatric care and emergency psychiatric services to persons with mental illness. The current year (FY '97) budget for these centers is \$34,171,849.

A comprehensive array of community-based mental health services and supports are provided. They include screening, assessment, crisis intervention, case management, support therapy, medication management, and psycho-social rehabilitation. Inpatient and residential programs to area children and adolescents, including activity, peer groups, and family therapy, may also be provided.

Division of Comprehensive Psychiatric Services (CPS) continued

State-operated Community Mental Health Centers—State-operated community mental health centers, designated as administrative agents, provide outpatient mental health services. Services include: community psychiatric rehabilitation, assessment and screening, outpatient services, children's services, and contracted services. Services are offered at varying levels of intensity, based on the needs of the consumer.

The budget of the six Community Mental Health Centers has been appropriated into one House Bill section so that the Division's plans to privatize these centers in FY '97 can be accomplished. This will give the state-operated facilities the flexibility of operating as their private counterparts and enables them to participate on a competitive managed care environment.

The centers are located in St. Louis, Nevada, Columbia, Farmington and Kansas City. They have a combined annual budget (FY '97) of \$33,582,016.

Children's Facilities— The children's facilities provide services for children and youth up to the age of 18 with serious emotional disturbances. The Division operates two acute children's psychiatric hospitals, Hawthorn in St. Louis and Woodson in St. Joseph, and two residential facilities, Cottonwood in Cape Girardeau and Woodson in St. Joseph. These facilities have a combined current year (FY '97) budget of \$10,495,948.

FORENSIC SUPPORT SERVICES

The Division provides forensic aftercare services for mental health clients who have been committed to the Department for treatment through the state's court system. This program was established in FY '86 as required by state statute.

Nine case monitors provide care monitoring throughout the state: three at St. Louis State Hospital, two at Western Missouri Mental Health Center, one at Southwest Missouri Mental Health Center, one at Southeast Missouri Mental Health Center, and two at Fulton State Hospital. The care monitors provide aftercare support and monitoring for clients who have been released from inpatient programs. There are approximately 435 conditionally released clients in the aftercare program, and the case monitors must visit each client at least once per month.

The Division's facilities perform pretrial evaluations pursuant to court order. The evaluations must be performed by a certified forensic examiner within 60 days of the date the court order is received as required by state statute.

The current budget (FY '97) for forensic support services is \$560,917. In FY '96, 645 pre-trial evaluations were performed, and 435 aftercare clients were supported.

CHILDREN'S PROGRAMS

Over the last few years, the Division has worked to move its children's service system from a facility-based system to an integrated, community-based system of care. The foundation for the success of this system change is based on the underlying philosophical principles of the Child and Adolescent Service System Project (CASSP). These principles are that services are community-based, child-centered and family-focused. These principles have been operationalized by restructuring the service system into five geographic areas corresponding to the adult regions; decentralizing residential placement funding; developing an array of community-based treatment and support options in each service area, and including increased family input into the system-development process. Although a fully integrated, community-based system has not been actualized, the department has realized considerable advances toward shifting the system to local communities. Through the purchase-of-service mechanism, contracted arrangements are made with local community mental health centers and providers to provide screening, evaluation, psychotherapy, and medication services.

The following paragraphs describe some of the services available in communities and funded through the youth community programs appropriation.

Families First—This is a four-to-six-week family preservation program designed to maintain children with severe emotional disturbances and who are at imminent risk of placement, safely within their homes by providing the families with intensive, comprehensive in-home services. Projects are located in Kansas City, St. Louis, Springfield, Columbia, Independence, St. Charles, Joplin and Liberty.

Extended Families First—This is an intensive three-to-six-month in-home program for children returning home from inpatient or residential facilities. It assists in the reunification of the child with family, school, and community. This program is also available to children at risk of out-of-home placement and their families. It is currently available in Audrain, Callaway, Cole, Clay, Platte, Ray, Jackson and St. Louis counties and the city of St. Louis.

Intensive Targeted Case Management (ITCM)—Services are provided for children already admitted to the system and are aimed at providing support to the children and families, linking the children to the service system and coordinating the various services they receive. Case managers work with the families, treatment providers, and other child-serving agencies to assist the children in remaining in or progressing toward least-restrictive environments. ITCM may include developing of a treatment plan; identifying, arranging, and monitoring services; reviewing cases and documenting the progress of children in treatment; and acting as the children's advocates.

Day Treatment—Day treatment offers an alternative form of care to children with serious emotional disturbances (SED) and who require a level of care greater than can be provided by the school or family, but not as intense as full time inpatient service. Day treatment may include vocational education, rehabilitation services, individual and group therapies, and educational services

Residential Treatment—These services consist of highly structured care and treatment to youth, generally on a time-limited basis until they can be stabilized and receive care in a less-restrictive environment or at home.

Treatment Family Homes—This service provides individualized treatment within a community-based family environment with specially trained foster parents. It allows out-of-home services for those needing them, but also allows children to remain in his/her own community and often in his/her home school district.



Division of Comprehensive Psychiatric Services (CPS) continued

CHILD & ADOLESCENT SERVICE SYSTEM PROJECT (CASSP)

Missouri CASSP is a joint project involving the Missouri Departments of Mental Health, Social Services, and Elementary and Secondary Education. The project is dedicated to developing a range of community-based services for children who have emotional or behavioral problems and their families; responding to the multiple needs of children and families through more effective collaboration among state and local agencies; increasing family (CASSP) participation in all aspects of planning and delivery of services; and ensuring that all services respond competently to cultural and ethnic differences.

The system of care promoted by CASSP includes a range of non-residential services (outpatient, day treatment, home-based, and crisis services) and a range of residential services (therapeutic foster care, group homes, residential treatment, and inpatient services). CASSP teams work through the Department's 25 administrative agents, its community placement regions, and psychiatric inpatient facilities.

COMMUNITY PSYCHIATRIC REHABILITA- TION PROGRAM (CPRP)

The Community Psychiatric Rehabilitation (CPR) program is a client centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning and leisure time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illness, including evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Since CPRP is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services estimates spending approximately \$8.7 million from general revenue for the 40 percent state match in FY '97.

NURSING HOME REFORM

In December, 1987, Congress passed the Ombudsman Nursing Home Reform Act (OBRA). In FY '91, the Department of Mental Health was appropriated funds to comply with the mandated activities which include screening people in or referred to nursing facilities to determine if those people need specialized services for mental illness.

The Department of Mental Health must continue its assessment process to:

- Assess all persons in or referred to nursing facilities, including state and non-state clients,
- Maximize federal financial participation in Nursing Home Reform Act (NHRA) mandated activities at the 75 percent level and,
- Prevent federal disallowances which would jeopardize the state's Medicaid funding.

The Division contracts for evaluation and receives 75 percent matching reimbursement from the federal government. The Division expects to spend approximately \$120,000 from general revenue for the 25 percent state match in FY '97.

DIVISION OF CPS ADMINISTRATIVE AGENTS

Area 1

Family Guidance Center, 910 Edmond, Suite 100 St. Joseph, MO 64501; 816-364-1501

Affiliated Center St. Joseph State Hospital, 3400 Fredrick, St. Joseph, MO 64506; 816-387-2300, 816-387-2300 (TT)

Counties served: Atchison, Nodaway, Holt, Andrew, Buchanan, Clinton, DeKalb, Gentry, Worth

Areas 2-5

Central Kansas City Mental Health Services, 2211 Charlotte, Kansas City, MO 64108-2620; 816-512-4700, 816-234-5936 (TT)

Affiliated Centers: Western Missouri Mental Health Center, 600 E. 22nd St., Kansas City, MO 64108; 816-512-4000, 816-234-5980 (TT)

Network Rehabilitative Services, 106 East 31st Terrace, Kansas City, MO 64111; 816-561-9650

Swope Parkway Health Center, 3801 Blue Parkway, Kansas City, MO 64130; 816-923 4545

Research Mental Health Services, 901 N.E. Independence Ave., Lee's Summit, MO 64086; 816-246-8000

Comprehensive Mental Health Services, 10901 Winner Road, P.O. Box 520169 Independence, MO 64052; 816-254-3652

All of the above serve Jackson County.

Please contact the agency near you.

Area 6

Tri-County Mental Health Services, 3100 NE 83rd St., Kansas City, MO 64119-9998; 816-468-0400 Counties served: Platte, Clay, Ray

Area 7

West Central Mental Health Center, 520C Burkhardt Road, Warrensburg, MO 64093 816-747-7127 Counties served: Lafayette, Johnson, Cass

Area 8

Southwest Missouri Mental Health Center, 600 West Edwards, Nevada, MO 64772; 417-448-2888, 417-448-2323 (TT)

Affiliated Centers: Community Counseling Consultants Jct. Hwy. 7 & 13 North, P.O. Box 507 Clinton, MO 64735; 816-885-4586

Henry, Benton, St. Clair

Clark Community Mental Health Center, 307 Fourth

St. P.O. Box 285, Monett, MO 65708; 417-235-6610

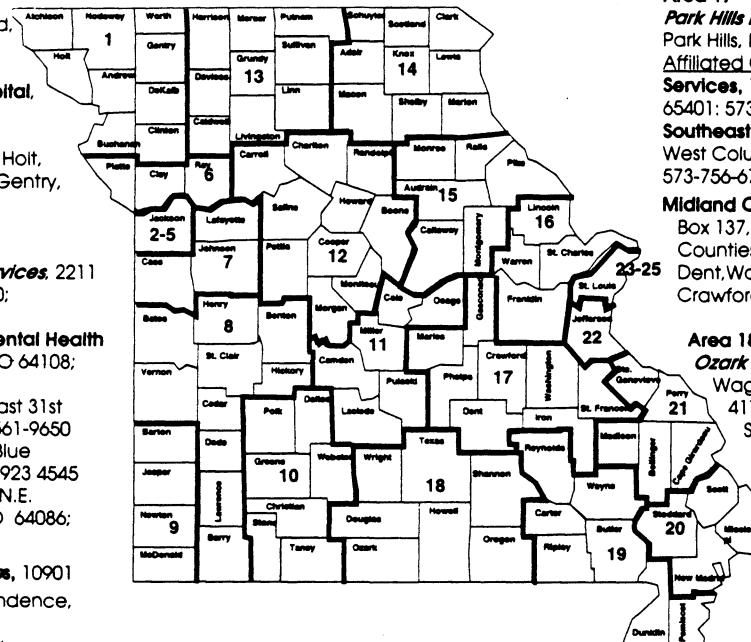
Counties served: Bates, Vernon, Henry, St. Clair, Cedar, Benton, Hickory, Barry, Lawrence, Dade

Area 9

Ozark Center, 2936 McClelland, P.O. Box 2526, Joplin, MO 64803; 417-781-2410 Counties served: Barton, Jasper, Newton, McDonald

Area 10

Burrell Center, 1300 Bradford Parkway, Springfield, MO 65804; 417-883-5400 Counties served: Greene, Christian, Stone, Taney, Webster, Dallas, Polk



Area 11

Family Mental Health Center, P.O. Box 104146

Jefferson City, MO 65110-4146; 573-634-3000

Affiliated Center: New Horizons Community Support Service, 2006 Missouri Boulevard, Jefferson City, MO 65109; 573-636-8108

Counties served: Cole, Osage, Miller, Camden, Laclede, Pulaski

Area 12

Heart of Missouri Mental Health Services, Three Hospital Drive Columbia, MO 65201; 573-449-2511 573-875-1329 (TT)

Affiliated Centers: Mid-Missouri Mental Health Center, Three Hospital Drive Columbia, MO 65201; 573-449-2511, 573-875-1329 (TT)

THA - Community Support Services, 1200 Rogers St., Suite 200, Columbia, MO 65201; 573-443-0405

Counties served: Carroll, Chariton, Randolph, Howard, Pettis, Cooper, Boone, Moniteau, Morgan, Saline

Area 13
North Central Missouri Mental Health Center, 1601 East 28th, Box 30, Trenton, MO 64683; 816-359-4487 Counties served: Harrison, Mercer, Putnam, Daviess, Grundy, Sullivan, Caldwell, Livingston, Linn

Area 14

Mark Twain Area Counseling Center, 917 Broadway, Hannibal, MO 63401; 573-221-2120

Counties served: Schuyler, Scotland, Clark, Adair, Knox, Lewis, Macon, Shelby, Marion

Area 15

Arthur Center, 704 East Monroe, Mexico, MO 65265; 573-581-1785

Affiliated Center: Fulton State Hospital, 600 E. 5th, Fulton, MO 65251; 573-592-4100, 573-592-3498 (TT)

Counties served: Monroe, Ralls, Audrain, Pike, Montgomery, Callaway

Area 16

Cider Center, 1032 Crosswinds Court, Wentzville, MO 63385; 314-332-8000, 314-333-9950 (FAX)

Counties Served: Lincoln, Warren, Franklin, St. Charles

Area 17

Park Hills Mental Health Services, 16 Crane St., Park Hills, MO 63601; 573-431-9669. (V/TT) is the same.

Affiliated Centers: Family Oriented Counseling Services, 1435 Hauck Drive, P. O., Box 921, Rolla, MO 65401; 573-364-7551

Southeast Missouri Mental Health Center, 1010 West Columbia, Farmington, MO 63640; 573-756-6792, 573-756-6792 (TT)

Midland Counseling Centers, Inc., 18th and Wein, P.O. Box 137, Hermann, MO 65041; 573-486-3191 Counties served: St. Francois, Iron, Dent, Washington, Gasconade, Maries, Phelps, Crawford

Area 18

Ozark Area Care and Counseling, 1208 Porter Wagoner, Suite 7; West Plains, MO 65775; 417-256-3185 Counties served: Wright, Texas, Shannon, Douglas, Ozark, Howell, Oregon

Area 19

Service Area #19 Board

Affiliated Centers: Positive Resources, Inc., 213 South Broadway, Poplar Bluff, MO 63901; 573-686-1123

Family Counseling Center, 925 Highway VV, P.O. Box 71, Kennett, MO 63857; 573-888-5925 Counties served: Reynolds, Carter, Ripley, Wayne, Butler, Dunklin, Pemiscot

Area 20

Bootheel Counseling Services, 121 Smith St., Box 1043, Sikeston, MO 63801; 573-471-0800 Counties served: Stoddard, Scott, Mississippi., New Madrid

Area 21

Community Counseling Center, 402 South Silver Springs Road, Cape Girardeau, MO 63701; 573-334-1100 Counties served: Ste. Genevieve, Cape Girardeau, Perry, Bollinger, Madison

Area 22

Comthea Community Treatment, Main and Mill Streets, P.O. Box 519, Festus, MO 63028; 314-931-2700 Serves Jefferson County

Areas 23-25

Great Rivers Mental Health Services, 9362 Dielman Industrial Dr., St. Louis, MO 63132; 314-340-6400, 314-340-6400 (TT)

Hopewell Center, 3322 Olive St., St. Louis, MO 63103-1115; 314-531-1770

St. Louis Mental Health Center, 1430 Olive, Suite 500, St. Louis, MO 63103; 314-877-1700

Affiliated Centers: Metropolitan St. Louis Psychiatric Center, 5351 Delmar, St. Louis, MO 63112; 314-877-0500, 314-877-0775 (TT)

St. Louis State Hospital, 5400 Arsenal, St. Louis, MO 63139; 314-644-8000, 314-644-7945 (TT)

Places for People, Inc., 4120 Lindell Boulevard, St. Louis, MO 63108; 314-535-5600

Independence Center, 4380 West Pine Boulevard, St. Louis, MO 63108; 314-553-4380

Division of Mental Retardation and Developmental Disabilities (MRDD)

OVERVIEW

The Division of Mental Retardation and Developmental Disabilities (MRDD) is responsible for ensuring that the citizens of Missouri have access to the services and supports that they want and need. These services and supports include prevention of disabilities, evaluation, habilitation, and rehabilitation services.

The Division achieves its mission through case management and support staff in 17 facilities. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's 11 regional centers which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo). This law requires that the person's disability must have occurred before age 22 (during the developmental period) and that it is likely to continue indefinitely.

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third party payments, must also be used to cover costs. The Division's current (FY '97) operating budget is \$221,242,892.

STATE FACILITIES

Regional Centers - Based in 11 principal sites and supported by numerous satellite locations, the Division's regional centers are the entry point into the service system. Each center serves from three to 15 counties. Staffed by case managers and support personnel, the centers perform intake activities which help to determine if an individual is eligible for services. After a person is found eligible, the center, in partnership with the individual and family, works to identify needed services or supports. These services and supports are documented in individual plans which describe what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing individual plans, the center staff strive to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. Referrals to habilitation centers are made when the individual plan indicates that these facilities are the most appropriate. The 11 regional centers serve approximately 20,500 people annually with a total budget of \$20 million.

Habilitation Centers - The primary mission of the Division's six habilitation centers is to provide residential, support, and treatment services to people referred by the regional centers. Each resident of the habilitation centers has an individual plan which identifies services and supports needed to live successfully in the habilitation center or return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Nevada, Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICFs-MR) and receive federal Medicaid matching funds. The six habilitation centers receive approximately \$79.5 million in FY '97.

COMMUNITY-BASED SERVICES

The Division contracts for a variety of services and supports for people with disabilities and their families. This array of services meet lifetime needs of people with disabilities. Services include early childhood intervention, therapies, training, vocational, recreational, and residential supports. The services may be funded or provided through a variety of sources, depending upon factors such as an individual's special needs, his/her eligibility for the program, and his/her living arrangement. Emphasis is placed upon providing the service or support in a manner typical for the person's local community, i.e., through generic rather than specialized providers when possible. Likewise, local, third party, and federal funds are accessed as they would be for people without disabilities.

Of the 22,000 people receiving services through the Division, approximately 20,500 of them live in some type of community setting. They live in their family homes, with relatives who receive family support services, or in their own homes, either alone or with one or two others, who receive individualized supported living (ISL) services. Other types of residential options include foster homes, group homes, residential care centers, and community-based ICFs-MR. The Division receives nearly \$90 million for community programs.

Home and Community-Based Waiver - In addition to its purchase of support services (nonresidential services) and its community placement (residential services) programs, the Division uses general revenue funds to match federal dollars to pay for services through Medicaid. The primary Medicaid program is the Home and Community-Based Waiver for Persons with Developmental Disabilities. It began in FY '89.

Since approximately 80 percent of people who live in Individual Supported Living (ISL) or other congregate settings are eligible for Medicaid, the Waiver has been used as the primary source of their support. Due to a change in federal policy last year, the Division was able to expand its Waiver to also include people who continue to live with their families. The Division expects to serve approximately 8,500 individuals through the Waiver in FY '97 at an average cost of \$75 per day. Of these, 3,500 individuals will live in congregate settings, 2,800 will live in their own supported living arrangements, and 2,200 will receive family support services in their family homes.

Choices for Families - When families maintain members with disabilities at home, they are often confronted with many challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibility; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family members require.

Choices for Families provides funds to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional centers or the families obtain vouchers from the regional centers to obtain items or services from vendors who then submit the voucher to the regional centers for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for virtually any family support service for which there may not be a suitable contracted provider.

Family Stipend and Loan Program - These programs began in 1993 when the General Assembly passed House Bill 330 to assist Missouri's families who have children (under age 18) with developmental disabilities living at home. The programs were created to help maintain and enhance families' ability to care for their children at home.

The monthly cash stipend can be used for goods and services that benefit the child and the family, thereby differing from the Choices for Families program, which is aimed directly at the person (of any age) who has a developmental disability. The stipend can amount to the maximum monthly federal SSI payment for an individual with a disability who lives alone.

Low interest loans, with a maximum amount of \$10,000 for a 60-month period, are available for families who may not otherwise be able to get such loans through traditional means. The loans are typically used for major equipment purchases, home modifications, or similar goods and services.

The amount received in FY '97 to fund Choices for Families and the stipend and loan program is \$2,525,829.

Certification and Quality Enhancement - The Division launched a two-stage program of Medicaid Waiver provider certification and enhancement, beginning in July, 1995. This project is grounded in value-based principles that were developed over the last three years in cooperation with consumers, families, providers, and associations. Focusing initially on those providers who receive Medicaid Home and Community-Based Waiver funding, this process will help insure that quality outcomes are achieved for the users of the services. As part of the certification visit, an enhancement plan will be developed by the agency and the regional center to increase the agency's ability to meet desired outcomes and develop community linkages for its consumers.

The long range goal of the principles is to change the way individuals with developmental disabilities are perceived by and interact with their communities. The potential impact of this program makes it one of the most significant changes for individuals served by the Division in the last ten years.

Missouri Advocates for Individuals with Developmental Disabilities (MOAIDD) - As a second phase of the Certification and Quality Enhancement project, MOAIDD is a statewide volunteer organization of people with disabilities and their families. Its purpose is to develop and operate a program of periodic monitoring visits to residential programs. Trained MOAIDD volunteers report positive as well as negative aspects of programs. This process is unique because it monitors programs from the consumer and family point of view. The monitors do not evaluate according to local, state, or federal regulations. Instead, they try to determine quality of life.

The emphasis of a MOAIDD review is on cooperative partnerships among consumers, agencies, and the Division of MRDD. Throughout the process the focus is on the individual—his/her dignity, rights, and quality of life.

Autism Services - Autism is a lifelong developmental disability that typically appears during the first three years of life. Persons with autism may be severely impaired in communication and social interactions. Autism and autistic-like symptoms are the results of a neurological disorder that affects the functioning of the brain. Classified as a syndrome, autism is a collection of behavioral symptoms that may have more than one cause.

Over the last six years, consumer-driven autism projects have been developed to serve more than 265 families in Central Missouri, 170 families in Southeast Missouri, 190 families in Northwest Missouri, and 150 families in Southwest Missouri. Additionally Giant Steps, a highly specialized program, began in St. Louis in the fall of 1994. It provides an individualized holistic and interdisciplinary approach for children with autism.

The Division receives \$2,197,118 for the autism projects. The approximate cost of services is \$2,835 per family. In addition, the Giant Steps program receives \$441,612.

First Steps - First Steps provides early intervention services to families with young children with disabilities, ages birth to three. The program consists of the planning, development, and implementation of a coordinated, interagency system of family-focused services for eligible infants and toddlers. First Steps is a collaborative effort of the Missouri Departments of Elementary and Secondary Education, Health, Mental Health, and Social Services.

To be eligible for this program, children from birth to three years of age are:

- Diagnosed as having at least a 50 percent delay in one or more of the following areas of development: Cognitive; communication; adaptive; physical, including vision and hearing; and social/emotional; or
- Diagnosed as having a designated physical or mental condition that has a high probability of resulting in a developmental delay.

The appropriation for early intervention services is approximately \$4,894,053. Approximately 1,500 children will be served in FY '97, and the average cost per child is \$3,263.

INTER- GOVERNMENTAL AGREEMENTS

The past few years have brought about unprecedented cooperation between Senate Bill 40 boards and the Division. Because most S.B. 40 boards provide or procure services for Division-eligible consumers, many of the boards have entered into specialized contracts with DMH. Under these contracts the boards and Division:

- Plan together to avoid duplication of programs;
- Use county S.B. 40 monies as state matching funds to expand availability of waiver services to Medicaid-eligible residents of participating counties; and
- Use S.B. 40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited.

SHARED UNIT CONTRACTS

This type of contract is also available to S.B. 40 boards and other not-for-profit contractors. With shared unit contracts, the Division buys blocks of services from providers instead of authorizing units for each person. State payments are then made in twelve equal amounts, based on the provider's prior year expenditures. Monitoring is done on a quarterly basis with contract adjustments as necessary.

Shared unit contracting has several distinct benefits, including the following:

- Gives participants more of a hand in making decisions about revising programs to meet individual and family needs, i.e., terminating services that are no longer beneficial or opting for additional services;
- Makes it easier for providers to respond quickly to critical family needs such as the need for respite and other support services; and
- Streamlines the authorization process by freeing the Division's regional center case managers of time-consuming paperwork, thus, giving them more time to provide advocacy and other critical services to the people they serve.

MISSOURI PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

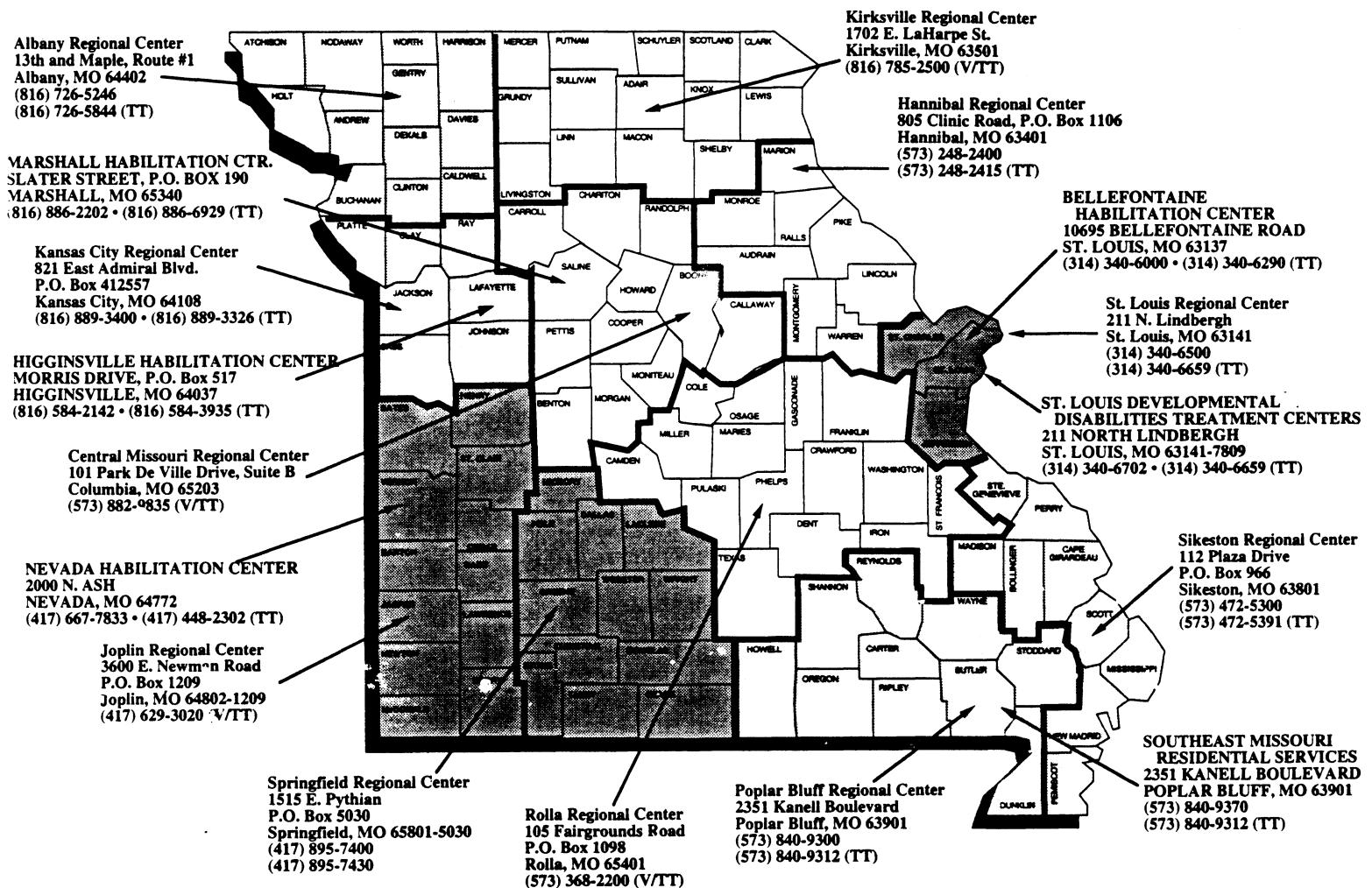
The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Planning Council for Developmental Disabilities, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri Planning Council's plan provides for-

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

Funding for FY '97 is projected at approximately \$1.3 million.

REGIONAL CENTER AND HABILITATION CENTER SERVICE REGIONS BY DISTRICT





Missouri Department of Mental Health
1706 East Elm St., P.O. Box 687
Jefferson City, MO 65102
573-751-4122
573-751-2881 TT
1-800-364-9687

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees.